

Timely and Consistent Accessibility to Instrumental Assessments of Swallowing at Ingalls

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Problem

- Speech Language Pathologists (SLPs) are responsible for completing instrumental assessments of swallowing when there are concerns with swallowing safety and efficiency
- With Videofluoroscopic Swallow Studies (VFSS), SLPs rely on the partnership with radiology. At times, completion of procedures may be delayed several hours or pushed to the following day due to scheduling conflicts, staffing limitations, maintenance, etc.
- Some patient populations may not be able to participate in VFSS due to medical fragility, transport limitations, body habitus, inability to tolerate barium, and/or concerns for radiation exposure
- Historically, there has been lack of access to completing instrumental assessments on weekends and holidays which may delay initiation of oral diets, medication administration and subsequently prolong length of stay
- Completing Fiberoptic Endoscopic Evaluations of Swallowing (FEES) can improve the patient experience by reducing wait-times and improving convenience by offering assessments at the patients' bedside
- **Alignment with AOP:** Drive high reliability to proactively prevent harm and enhance quality and patient safety performance across the health system, fostering continuous improvement through alignment of goals across operations, and clinical departments

Goal

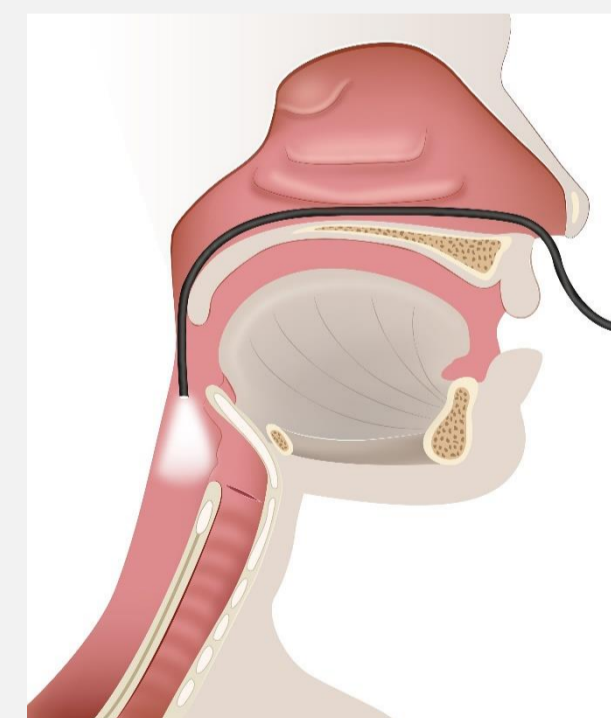
Improve the efficiency, accessibility, and timeliness of instrumental swallow assessments to enhance patient care and experience.

Objectives:

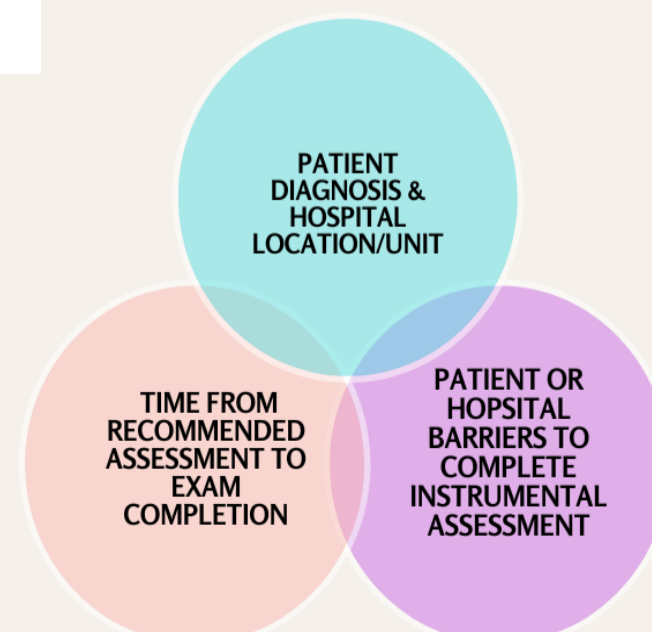
- **Reduce time to completion** of instrumental swallow assessments to minimize delays in care and support timely clinical decision-making.
- **Expand accessibility** of instrumental assessments across settings to ensure equitable evaluation for all patients, regardless of location or level of care.
- **Achieve timely recommendations** for diet initiation and swallowing precautions to improve patient outcomes, reduce risk, and enhance overall patient experience.

Strategy

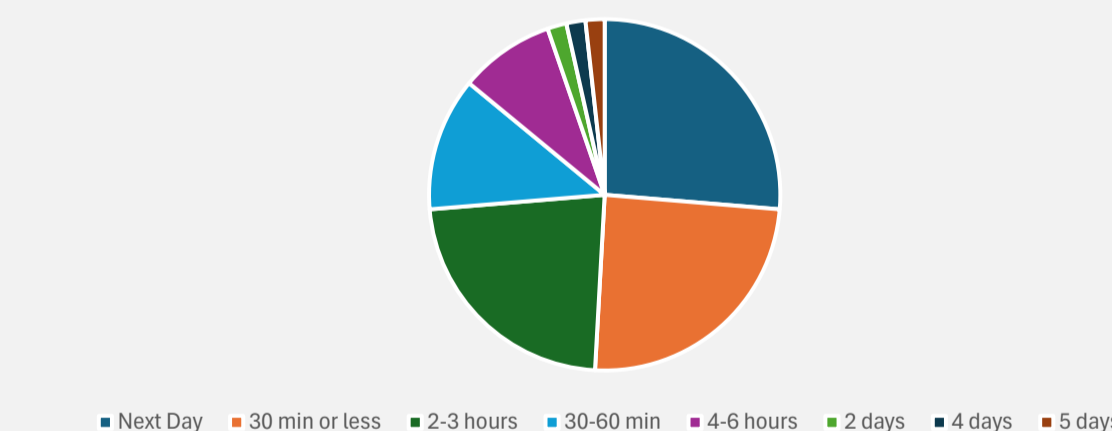
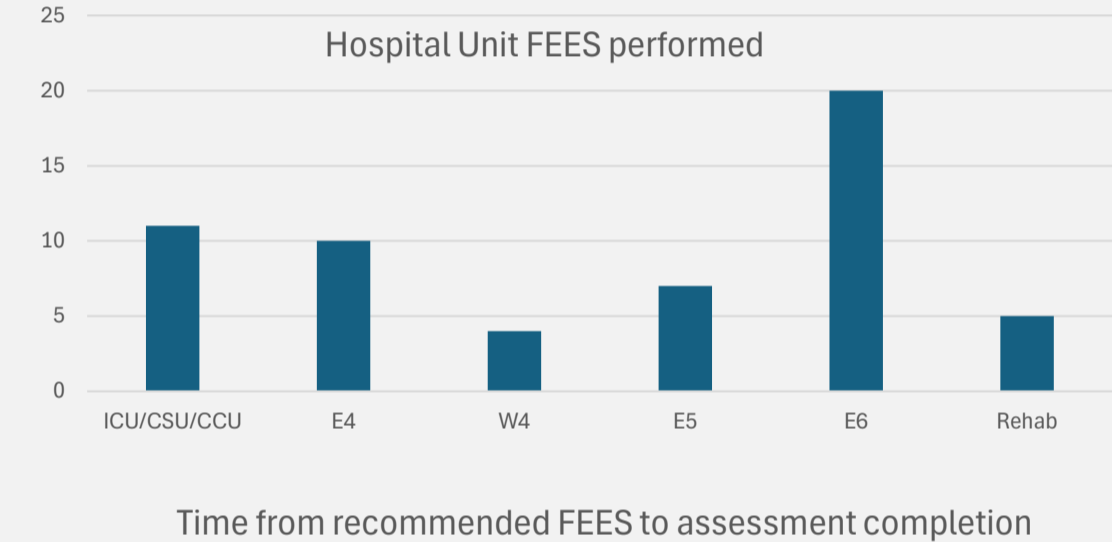
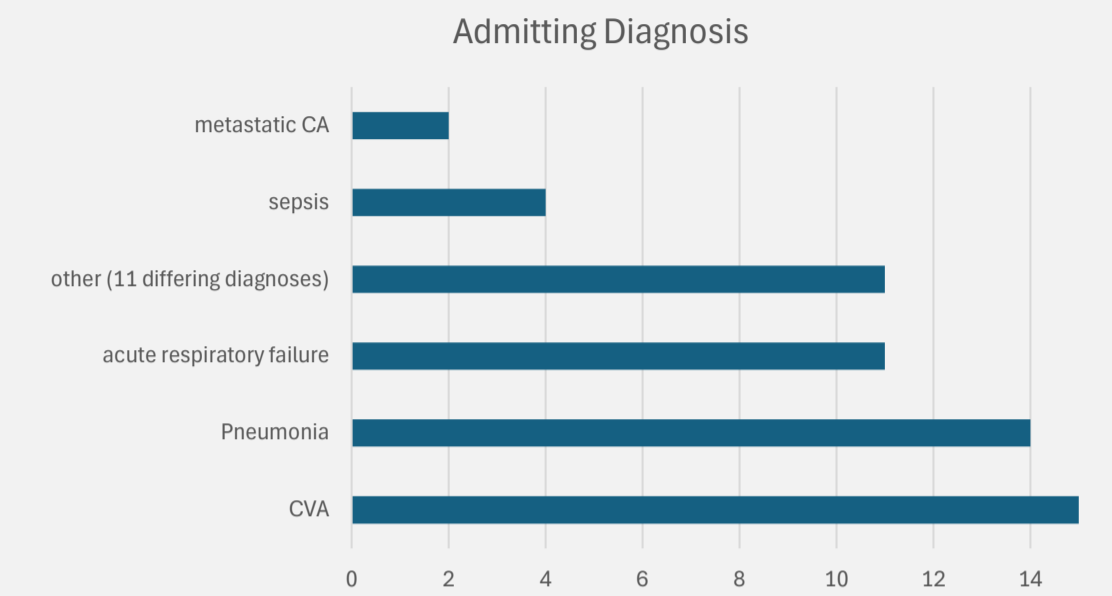
- Therapy services partnered with multiple departments across the health system: UCM Biological Sciences Division (Otolaryngology), Department of Infection Prevention and Control, Sterile Processing Department and Hyde Park's SLP team
- UCM Biological Sciences Division (Otolaryngology) worked with executive leadership to obtain capital approval for a Karl Storz Endoscopy Tower to be able to provide endoscopy procedures at Ingalls
- Therapy leadership received capital purchase approval for a Karl Storz Endoscope to be utilized by the speech pathology department
- The Department of Infection Prevention and Control together with the Sterile Processing Department guided the SLP department with the development of the policy and procedures for the handling and sterilization of the endoscope
- Ingalls acute therapy SLPs collaborated with Hyde Park's SLP team to validate competency in performing a FEES procedure. To date, 3 Ingalls SLPs are competent in completing FEES.
- FEES exams were performed across various units of the hospital including ICU/CSU, E4, W4, E5, E6 and inpatient rehab
- SLPs performing the FEES procedure filled out intake sheets during each exam
- Quality metrics monitored included patient admitting diagnosis, hospital location/unit, time from recommended assessment to exam completion, and any barriers that would have prevented the alternative instrumental assessment of VFSS to be completed



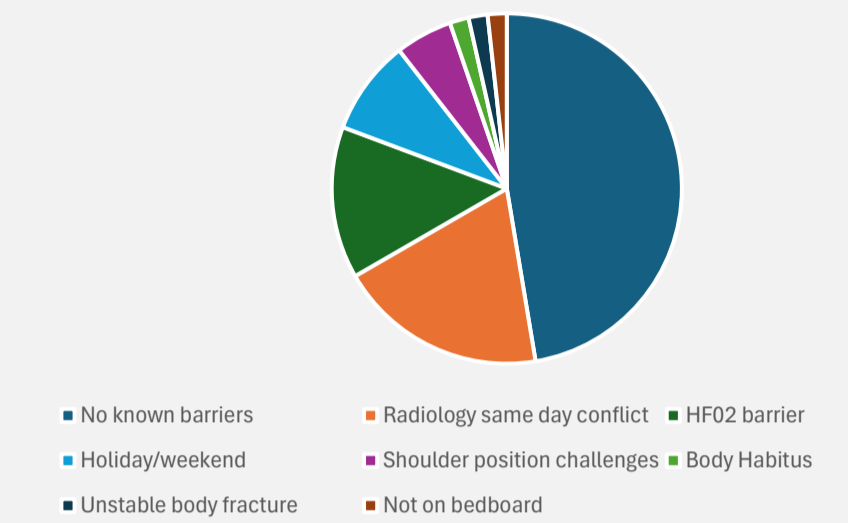
FEES is a portable procedure completed at the patients' bedside that provides clinically useful information relative to swallowing anatomy and physiology. A SLP passes a flexible endoscope transnasally to view down upon the pharynx, larynx, upper trachea and esophageal opening during the swallowing process. FEES often involves swallowing food and liquid of various consistencies to evaluate swallow safety and efficiency.



Impact



Patient or hospital barriers to complete alternative instrumental assessment of VFSS



- 57 FEES procedures were completed on patients between September 2024 to June 2025
- ~70% of patients who received a FEES had an admitting diagnosis of acute CVA, PNA or acute respiratory failure
- ~20% of FEES procedures were completed in the critical care unit, preventing disruption of nursing care and transportation to radiology given the patients' complex medical status
- 68% (39/57) of FEES procedures were completed within the same day as being recommended, with majority being completed within 60 minutes or less (21/39)
- More than half of the patients who received FEES (30/57) would not have been able to participate in the alternative instrumental assessment of a VFSS due to same day radiology barriers, presence of HF02, holiday/weekend availability, shoulder positioning challenges, body habitus, and/or lack of location on bedboard which would have impacted pt ability to be picked up by transportation services
- FEES assisted with goal accomplishment of timely recommendations for diet initiations and swallowing precautions
- Access to both FEES and VFSS is crucial for accurate dysphagia assessment and management. While both procedures are valuable, the specific patient conditions or symptoms may warrant one exam over the other.

Lessons Learned

- FEES often allows for same day completion of the instrumental assessment, most often within 60 minutes or less of recommendation of procedure
- The most common patient barrier to completing the alternative instrumental assessment of VFSS is the presence of HF02 while the most common hospital barrier appears to be same day radiology availability
- Offering FEES on weekends/holidays is dependent upon clinician availability and competency to perform (not all SLPs are trained to perform)
- The ability to consistently offer FEES as an instrumental assessment has been impacted by challenges with the integrity of the equipment, at times halting offering the procedure as an option from days to weeks
- Potential future quality metrics may include comparative analysis between average wait times for VFSS vs FEES, FEES equipment availability tracking, and the ability to recommend an oral diet based on results of the FEES

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